

Intervention: Peer educators

Finding: Sufficient evidence for effectiveness

Potential partners to undertake the intervention:

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input checked="" type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the intervention:

Drug education programs are often enhanced by using peers as a component of the intervention. Social learning theory maintains that individuals are more likely to take on the attitudes and behaviors of social groups they perceive as similar to themselves. This is especially important considering that adolescents are more likely to be influenced by peer groups than are other populations.

Findings from the systematic reviews:

Research has shown that peer leaders can be as, and sometimes more, effective than adult health educators when working with adolescents. It is important to note that the presence of peer leaders in a classroom is not the same as peer interaction, which is a key component of successful attitude/behavioral change. Peers are especially effective in changing attitudes and behaviors; however, adults other than teachers have also been shown to be effective leaders.

Limitations/Comments:

Future assessments should take into account considerations of teacher time, peer training, peer leader absence, length of time between peer leader training and their use in the classroom, and any additional funding required for these programs.

References:

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